ONE DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

To the Licensing Authorities of Acton:

The undersigned hereby makes application for a one day liquor license, in accordance with the provisions of the General Laws, and amendments thereto.

It is strongly recommended that the application and fee be submitted to the Town Manager's Office no later than 3 weeks prior to the event date. manager@acton-ma.gov

Wine/Malt Only: $25.00, non-refundable **Payable to:** Town of Acton, check only

Name of Applicant/Organization: Dagmawi Minase

Location of Event: Nara Park / Bathhouse Pavilion

Name of Owner on Premises: Dagmawi Minase

1. Name and Description of Event: 1st Birthday for my dauther

2. Event Date: 05/30/15

3. Hours of Event (from/to): 2 Pm to 6 Pm

4. Expected number of people: 46
(if over 50 guests, a TIPS or equivalent trained bartender is required)

5. Age range of attendees: 1 - 48

7. Do you intend to supply/hire a TIPS certified bartender (if so, must supply proof of course completion) (circle one) YES (NO)

Name of person making application: Dagmawi Minase

Residential Address: 117 Central St Apt E-10 Acton, MA 01720

Business Address:

Home Telephone: _____ **Business/Cell:** 617 230 8324

Email: mdagmawi@gmail.com

Have you ever been convicted for any law violation? (circle one) YES (NO)

If so, when: _____

Where: _____

State briefly: _____

Signature of Applicant: _____ **Date:** 05/11/15

For Town Use Only

Fire Department:	Approve / Deny
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
Comments:	